

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018059

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 612

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

15117

25117

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9420.1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

D. St. Hallard, M.D.

1. PLACE OF DEATH
a. COUNTY Buchananb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph Length of stay in 1b 50 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1016 Sylvania St. Inside Limits Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchananc. CITY OR TOWN St. Joseph Inside Limits Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 1016 Sylvania St. Reside on Farm Yes ☐ No ☒3. NAME OF DECEASED First Middle Last
(Type or print) Arthur Francis Burrell4. DATE OF DEATH Month Day Year
May 24, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Sept. 20, 1890

9. AGE (last birthday) 71

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman (retired)

10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery

11. BIRTHPLACE (City and state or country) Davis City, Iowa

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Burrell

13b. MOTHER'S MAIDEN NAME Mary Burrell

14. NAME OF HUSBAND OR WIFE Hattie Burrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Hattie Burrell 1016 Sylvania St.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery Disease

DUE TO (c)

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Old myocardial Infarction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1957 to 5/24/62 and last saw him alive on 5/24/62
Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald St. Hallard, M.D.

22b. ADDRESS

902 Edmond St.

22c. DATE SIGNED

5/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

May 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Public Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

May 31, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

OK
STANDARD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.